



Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address:	MFDR Tracking #: M4-10-4593-01
AUSTIN RADIOLOGICAL ASSOCIATION PO BOX 4099 AUSTIN, TX 78765	DWC Claim #:
	Injured Employee:
Respondent Name and Box #:	Date of Injury:
TRAVELERS INDEMNITY CO Box #: 05	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Austin Radiological Association has provided services in good faith to a patient who presented as an injured employee and Worker's Compensation Claimant. The patient at the time of service did not provide Workers' Compensation information for billing purposes. Austin Radiological Association must bill by what is received and/or forwarded to us for billing by the Hospital the patient was seen as this is not our own freestanding clinic. This charge for date of service 12-31-09 was billed originally to Travelers on 2-4-10 but was returned with letter dated 2-15-10 stating no claim for the date of injury or diagnosis has been received. We resubmitted our claim again on 4-7-10 which was within the 95 days from the denial but it was denied on 5-1-10 as past filing deadline. We have resubmitted for reconsideration with copy of the original claim submitted but denied again as past filing deadline. We are requesting that determination be made in favor of us the provider, which would require the carrier to remit payment on this medical bill."

Amount in Dispute: \$425.00

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Provider's Request for Medical Fee Dispute Resolution involves reimbursement for radiological services. The Provider submitted billing for the disputed services to the Carrier. Upon initial receipt, the Carrier reviewed the submitted billing, and returned the billing based on an incorrect date of injury under Rule 133.200. The Provider submitted a corrected bill with the correct date of injury. The Carrier reviewed the billing and denied the billing as the corrected bill had not been submitted within 95 days of the date of service in accordance with Rule 133.20(b). The Provider then submitted a request for reconsideration, but the Carrier maintained the denial of reimbursement. The Provider subsequently submitted this Request for Medical Fee Dispute Resolution. The Carrier has reviewed the documentation submitted by the Provider with the Request for Medical Fee Dispute Resolution. Based on that review, the Carrier has determined the initial billing was improperly submitted by the Provider with an incorrect date of service. Rules 133.10 and 133.200 require that medical providers submit complete bills in accordance with Medicare billing and coding requirements. These requirements include correct identifying information, such as the date of injury. The flawed bill submission was returned to the Provider on 02-15-2010. The corrected bill submission with the correct date of injury bears the date 04-07-2010 in the signature block. Under Rule 102.4, this date may serve as the submission date. This date is 97 days after the date of service, well in advance of the 95-day deadline. As the Provider's own delay caused the failure to submit a properly completed bill within 95 days of the date of service, in accordance with Rule 133.20(b), the Provider is not entitled to reimbursement. The Provider argues they are entitled to the 95 day extension granted under Texas Labor Code Sect. 408.0272. That provision allows for an extension of an additional 95 days to submit billing to the proper carrier when the provider has erroneously submitted billing to an improper group health or workers' compensation carrier. That is not the case in this dispute. The Provider submitted an incomplete bill to the proper carrier. That bill was correctly returned in accordance with Rule 133.200. This return of the incomplete bill does not trigger the extension of time on Sect. 408.0272. The Provider is not entitled to the additional 95 days to file, and is therefore not entitled to reimbursement. The Provider further argues they should not be penalized based on the erroneous billing information submitted to them by another party. This Provider has been billing the Carrier for services related to this claim since July of 2006. They had the correct billing information prior to this date of service. The argument that they were not timely provided accurate billing information in order to timely submit this claim is dubious at best. The Carrier contends the Provider is not entitled to

additional reimbursement. The Carrier, therefore, respectfully requests the Division determine no additional reimbursement is due for this service. Should you have any questions, or need additional information please do not hesitate to contact the undersigned."

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
12/31/09	77012-26	N/A	\$158.00	\$0.00
12/31/09	64505	N/A	\$267.00	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Tex. Admin. Code §102.4 sets out the general rules for non-commission communications.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated 5/1/10
 - TXH3 – 29 The time limit for filing has expired. Per Texas Labor Code 480.027, bills must be sent to the carrier on a timely basis. Within 95 days from the dates of service.Explanation of benefits dated 6/18/10
 - TXH3 – 29 The time limit for filing has expired. Bills must be sent to carrier within 95 days from the date of service.

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with Tex. Lab. Code §408.027 and 28 Tex. Admin. Code §133.20?
2. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to Tex. Lab. Code, §408.027(a) Payment of Health Care Provider. A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment. Additionally, Division rule 28 Tex. Admin. Code §133.20(b) states, except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.
2. Pursuant to rule §102.4(h)(1)(2) Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: the date received, if sent by fax, personal delivery or electronic transmission or, the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.
3. Review of the documentation provided by the Requestor provides insufficient support that the medical bill for date of service 12/31/09 was submitted in accordance with rules §102.4 and §133.20. Therefore, payment to the requestor for date of service 12/31/09 is not recommended.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

12/14/10

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.